United Nations E/2010/NGO/22

Economic and Social Council

Distr.: General
3 May 2010

Original: English

Substantive session of 2010
New York, 28 June-22 July 2010
Item 2 (c) of the provisional agenda*
Annual ministerial review: implementing the internationally agreed goals and commitments in regard to gender equality and empowerment of women

Statement submitted by International Planned Parenthood Federation, a non-governmental organization in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 30 and 31 of Economic and Social Council resolution 1996/31.

* E/2010/100.

10-34221 (E) 200510

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Statement

The International Planned Parenthood Federation welcomes the theme of the 2010 annual ministerial review. A new agenda of investment in women and girls, in their education, especially secondary education, in their health, especially their sexual and reproductive health, including maternal health, and investing in their empowerment and employment could be the catalyst for achieving the Millennium Development Goals, and sustainable social and economic development.

The organization recognizes that sexual and reproductive health and rights are central to addressing obstacles related to women's advancement worldwide and to reaching the internationally agreed goals and commitments in regard to gender equality and equity and to equitable and sustainable development. Working through 148 member associations in 171 countries, the organization is committed to implementing the Programme of Action of the International Conference on Population and Development (Cairo), the Platform for Action of the Fourth World Conference on Women (Beijing) and the Millennium Development Goals, all of which strive to advance gender equality and empower women. Although advances in gender equality and the empowerment of women have been made, much remains to be done. It is clear that progress remains uneven; this is reflected in the continuing imbalance in power between women and men.

To implement the internationally agreed goals and commitments relating to gender equality and the empowerment of women, it is necessary to ensure that sexual and reproductive health and rights are prioritized at all levels. This is because sexual and reproductive ill health accounts for one third of the global burden of disease among women of reproductive age and one fifth of the burden of disease among the population overall. Estimates suggest that over half a million women die every year due to complications of pregnancy and childbirth, with 99 per cent of the deaths occurring in developing countries, mainly South Asia and Africa. Millions more undergo long-term physical, psychological, social and economic problems as a result of pregnancy and childbirth-related factors.

This lack of priority for sexual and reproductive health and rights is highlighted in the lack of progress in reducing the rate of maternal mortality. Between 1990 and 2005, maternal mortality declined at a rate of less than 1 per cent per year globally, considerably below the 5.5 per cent annual improvement needed to reach Goal 5 of the Millennium Development Goals, which, at this rate, will not be met in Asia until 2076, and later still in Africa. Despite this, the Goal can and must be achieved.

Many of the most obstructive barriers to gender equality and women's empowerment are related to women's sexual and reproductive health and rights, and these obstacles disproportionately affect young women. Approximately 14.3 million adolescent girls aged 15 to 19 give birth each year. Girls in this age group are twice as likely to die during pregnancy and childbirth as those over 20. For young women 15 to 19 years of age, worldwide pregnancy-related complications are the leading cause of death. Women know what they want and how to achieve it, but are too often denied the means or opportunity to decide. An estimated 215 million women, that is 15 per cent of all women aged 15 to 49, who want to delay pregnancy cannot access an effective method of contraception.

Meeting the unmet need for both family planning and maternal health services together would have dramatic health outcomes. Unintended pregnancies would drop by more than two thirds, from 75 million in 2008 to 22 million per year. Maternal deaths would decline from 550,000 to 160,000. Unsafe abortions would decline by 73 per cent, from 20 million to 5.5 million (assuming no change in abortion laws), and the number of women needing medical care for complications of unsafe procedures would decline from 8.5 million to 2 million. In such an integrated strategy, it would cost only $8 for every woman of reproductive age who wants to practise modern contraception to be able to do so. However, funding for family planning has been halved between 1997 and 2006.

Young women are more vulnerable to HIV infection, with only 38 per cent of girls and young women worldwide estimated to have accurate, comprehensive knowledge about HIV and prevention. Women and girls also bear a disproportionate burden as caregivers and may suffer greater discrimination when they are or are perceived to be living with HIV. Issues such as poverty, violence against women and girls, lack of access to land and property, conflict, homelessness or lack of stable housing, lack of access to comprehensive sexual and reproductive health services and information, combine to drive and/or exacerbate the impact of HIV on women and girls. Other structural barriers make women more vulnerable, including the criminalization of HIV transmission, which can prevent women from knowing their HIV status and accessing relevant services and exacerbate discrimination and violence. A comprehensive response to addressing the gender dimensions of the HIV epidemic, including integration of family planning and HIV/AIDS policies and programmes, will help to reverse the epidemic and increase the chances of achieving Goal 6 of the Millennium Development Goals.

Barriers to gender equality and the empowerment of women start with discrimination at an early age. Disparities in the ways in which boys and girls are raised are often at the core of problems related to sexual and reproductive health, and women's place in society, and are therefore at the centre of development challenges. Girls may experience restrictions and find their freedom of movement and association limited. The predetermination of gender roles often restricts girls' ability to compete equally with their male counterparts. Girls are often forced to marry at an early age and begin childbearing before they are either mentally or physically ready. According to the United Nations Population Fund, 82 million girls in developing countries, between the ages of 10 and 17, will be married before they reach 18. Young women are particularly vulnerable to early marriage; complications related to pregnancy; unsafe abortion; sexual violence and coercion; human trafficking for commercial sexual exploitation; female genital mutilation; the discontinuation of studies (often due to child marriage or adolescent pregnancy) and poverty. All of these issues are related to sexual and reproductive health and rights and are key determinants that impede progress in gender equality and empowerment.

To help achieve gender equality, therefore, it is vital that young women be empowered to exercise their rights, to make decisions that will affect their lives, and to take up leadership roles in decision-making and income generation. In many parts of the world, young women have less access to education, health services and fewer opportunities for employment in the formal labour market than young men. With restricted access to education and training, many young women are forced to work in the informal sector, hindering any advances for gender equality. In addition, many

young girls who become pregnant are forced to discontinue their education. This has long-term implications for these young women, their families and their communities and entrenches prevailing gender stereotypes and roles. In these ways, adolescent pregnancy, unsafe abortion and exposure to sexually transmitted infections, including HIV/AIDS, can have a major impact on a young woman's education and future employment opportunities and health.

If a young woman delays childbearing until she has achieved her own educational goals, it has broad social and economic benefits, not just for her, and her family, but for society at large. Sexual and reproductive health services contribute towards improving the social position of women and the ability of women to participate equally in society. Educated women have more options than those without an education. Educated women usually have fewer children, more widely spaced pregnancies, and the children they do have are generally healthier and better educated. Educated women are more likely to be employed. Increasing women's economic opportunities, and control of assets, also contributes to the path out of poverty. It is vital that young women and girls have access to comprehensive and gender-sensitive sexuality education in both formal and informal settings. This provides life-saving knowledge and contributes to reducing gender stereotypes and violence against women.

The Programme of Action of the International Conference on Population and Development highlighted the importance of placing sexual and reproductive health at the centre of efforts to advance gender equality and development. The Beijing Platform of Action gave special attention to issues related to the sexual and reproductive rights of women, including access to family planning, maternal health and safe abortion services as a way to achieve gender equality. Access to these services is rooted within international human rights obligations and recognized by treaty monitoring bodies. A woman's right to access contraceptive services is recognized by those bodies, with a lack of access to family planning understood to constitute a violation of the right to health. The Human Rights Council resolution on preventable maternal mortality (11/8) recognizes preventable maternal mortality and morbidity as a human rights issue.

Limited and uneven progress on Goal 3 of the Millennium Development Goals demonstrates the lack of priority afforded to gender equality by Member States. Although gender cross-cuts all the Millennium Development Goals, gender equality is to a large extent isolated in one goal. Even if the targets of Goal 3 were reached, this would not ensure that progress on gender equality or the empowerment of women would be advanced. This is because Goal 3 fails to address many of the deep-rooted obstacles that impede women's rights. It is the goal that relates both to gender and health that is the most off-track (Goal 5).

To address pervasive inequalities, Member States must:

- Ensure that target 5b, universal access to reproductive health, is afforded the funding and political priority it deserves in order to meet the unmet needs of 215 million women and the need of the world's largest generation of young people.
- Develop effective strategies to ensure gender equity and gender-sensitive sexual and reproductive health and rights programmes and policies. These should be central to any new development framework that follows from the

current internationally agreed Millennium Development Goals framework in 2015.

- Recognize that the success of international and national development frameworks, policies and plans will require the meaningful engagement of civil society and the leadership in this process by young women.
- Prioritize policies and funding by Member States to meet Goals 5 and 6.
- Ensure adequate financial resources to implement effective interventions to improve the health and well-being of girls and women. Ensure that health systems prioritize women's health and that women's health is used as an indicator of the success of health systems.
- Meet the educational and service needs of adolescents, by providing access to comprehensive sexuality education.
- Implement measures to fully integrate women into the formal economy, in order to ensure that women and men are treated equally in both formal and informal working environments.
- Increase the mainstreaming of gender perspectives into all legislation, policies and programmes to ensure gender-responsive budgeting.
- Develop institutional mechanisms that advance women's human rights and reform laws that discriminate against women or impede their ability to exercise their rights.
- Enhance the monitoring of States' compliance with international human rights obligations, particularly in the area of sexual and reproductive health.

Finally, it is incumbent upon Member States to do all that they can to take the proactive steps necessary to achieve gender equality and the empowerment of women. Without such progress, the Millennium Development Goals will not be achieved.